



REQUEST FOR APPROVAL OF NEW / REVISED FORM

State Form 36040 (R8 / 10-05)

● **NEW FORMS** - Attach a proposed version.

● **REVISIONS** - Attach sample of form with changes noted in red ink.

Agency Forms Coordinator must initial this form signifying review and approval.

Call your Forms Coordinator / Forms Management concerning the status of this form.

PART ONE

To be completed by requesting agency

Form title (<i>SUGGESTED TITLE FOR NEW FORM</i>)		State form number
Name of agency forms coordinator	Initial	Telephone number
Name and address of agency (<i>room number, street, city, ZIP code</i>)		Date submitted
	Agency number	Delivery date requested
Name of requester	Initial	Telephone number
Artwork to be provided by: <input type="checkbox"/> ICPR Forms Design <input type="checkbox"/> Agency (<i>sample attached</i>) <input type="checkbox"/> Vendor		Estimated annual usage

PART TWO

To be completed by requesting agency

Approval requested for: <input type="checkbox"/> New Form (<i>this includes any form which is not in the State Form system.</i>) <input type="checkbox"/> Revised state form	Size No. of sheets / plies	Consecutive numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Top Ply <input type="checkbox"/> All Plies Beginning number _____	How is form completed? <input type="checkbox"/> Hand <input type="checkbox"/> Typewriter <input type="checkbox"/> Computer printer <input type="checkbox"/> Electronically	WILL IT BE: <input type="checkbox"/> Padded? No. sheets per pad <input type="checkbox"/> Perforated? <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Carbonless? <input type="checkbox"/> Black impression <input type="checkbox"/> Blue impression <input type="checkbox"/> Carbons? <input type="checkbox"/> Black impression <input type="checkbox"/> Blue impression (SEND SAMPLE) <input type="checkbox"/> Post hole <input type="checkbox"/> Holes punched? <input type="checkbox"/> Acco type <input type="checkbox"/> 3 hole <input type="checkbox"/> Other: _____																											
Form construction: <input type="checkbox"/> Single flat sheet <input type="checkbox"/> Continuous <input type="checkbox"/> Unit Sets (Carbon or Carbonless) <input type="checkbox"/> Form letters <input type="checkbox"/> Receipts <input type="checkbox"/> Envelopes <input type="checkbox"/> w/ window <input type="checkbox"/> Letterheads <input type="checkbox"/> Tags / Labels <input type="checkbox"/> Checks / Warrants <input type="checkbox"/> Ledgers <input type="checkbox"/> Booklets / Bond Sets <input type="checkbox"/> Self-mailer <input type="checkbox"/> Other: _____	Type of paper (<i>if known</i>)	Is this form used with a window envelope? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the form involve the accounting of money? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
<table><thead><tr><th>No.</th><th>COLOR</th><th>DISTRIBUTION</th><th>COPY F = Front B = Back</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td><input type="checkbox"/> F <input type="checkbox"/> B</td></tr><tr><td>2</td><td></td><td></td><td><input type="checkbox"/> F <input type="checkbox"/> B</td></tr><tr><td>3</td><td></td><td></td><td><input type="checkbox"/> F <input type="checkbox"/> B</td></tr><tr><td>4</td><td></td><td></td><td><input type="checkbox"/> F <input type="checkbox"/> B</td></tr><tr><td>5</td><td></td><td></td><td><input type="checkbox"/> F <input type="checkbox"/> B</td></tr><tr><td>6</td><td></td><td></td><td><input type="checkbox"/> F <input type="checkbox"/> B</td></tr></tbody></table>		No.	COLOR		DISTRIBUTION	COPY F = Front B = Back	1			<input type="checkbox"/> F <input type="checkbox"/> B	2			<input type="checkbox"/> F <input type="checkbox"/> B	3			<input type="checkbox"/> F <input type="checkbox"/> B	4			<input type="checkbox"/> F <input type="checkbox"/> B	5			<input type="checkbox"/> F <input type="checkbox"/> B	6			<input type="checkbox"/> F <input type="checkbox"/> B	Has this form been submitted for: <input type="checkbox"/> Auditor of State approval <input type="checkbox"/> State Board of Accounts approval If yes, send copy of approval letter(s) to ICPR.
No.	COLOR	DISTRIBUTION	COPY F = Front B = Back																												
1			<input type="checkbox"/> F <input type="checkbox"/> B																												
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4			<input type="checkbox"/> F <input type="checkbox"/> B																												
5			<input type="checkbox"/> F <input type="checkbox"/> B																												
6			<input type="checkbox"/> F <input type="checkbox"/> B																												
What is the purpose (<i>function</i>) of this form?																															
Who will fill out this form? <input type="checkbox"/> State employee <input type="checkbox"/> Local government <input type="checkbox"/> Business <input type="checkbox"/> General public <input type="checkbox"/> Others _____																															
Will any other agency use this form? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what agency?																													
Is any data copied onto / from other forms? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, list title(s) and state form numbers.																													
Is the record microfilmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, which ply?																													
Is form part of an existing record series? (<i>for Retention Schedule</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what is the series number / title?		If No, give reason for non-compliance																											
Are you asking for Social Security number? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, is it: <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory		Applicable State / federal statute(s)																											
Are you asking for confidential information? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, under what State / federal statute or promulgated rule is this covered?																													
Is any information on this form printed by a computer printer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what printer make and model?																													
Is this a form that will be converted to electronic form and/or put online? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, submit a Request for Approval of Electronic Form (State Form 48874) to ICPR.																													

Comments:

PART THREE

To be completed by Commission on Public Records

This request for a: <input type="checkbox"/> New <input type="checkbox"/> Revised	form is: <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Denied		
Name of person from agency supplying information	Name of evaluator	Evaluator's telephone number	Date of evaluation
Comments:			